

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 10-31-01 and 11-12-01.
- b. The request was received on 6-24-02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
No response noted in the dispute packet.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the provider's additional information on 8-2-02. The Respondent did not submit a response. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.
4. Notice of Letter Requesting Additional Information is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 7-23-02:
"We are a group of anesthesiologists that provide anesthesia care for patients having surgery, at the request of the surgeons performing the surgery. We do not obtain pre-authorizations in the ordinary course of our business. We are unable to do so since we are hospital based physicians and we do not see the patient in a business setting prior to the surgery ____ We spoke with ____ at the office of ____ to inquire about the precert. She stated that they had spoken with ____ on 10/25/01 at TASB Risk Mgmt Fund and was informed that no precert was necessary for an outpatient procedure."
2. Respondent: No response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 10-31-01 and 11-12-01.
2. The Carrier has denied the disputed dates of service as reflected on the EOBs as, "A – PREAUTHORIZATION NOT OBTAINED".
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
10-31-01	20550	\$ 50.00	\$-0-	A	\$ 40.00	TWCC Rule 134.600 (h) CPT Descriptor	<p>The Carrier has denied the disputed services as, "A – PREAUTHORIZATION NOT OBTAINED".</p> <p>The services billed were performed in an "outpatient hospital" setting, as reflected by the place of service code on the HCFA 1500.</p> <p>Pursuant to TWCC Rule 134.600, outpatient surgical services do require preauthorization.</p> <p>No preauthorization certification letter was noted in the dispute packet. Therefore, no reimbursement is recommended.</p>
10-31-01	20550	\$ 50.00	\$-0-	A	\$ 40.00		
10-31-01	20550	\$ 50.00	\$-0-	A	\$ 40.00		
11-12-01	62289	\$350.00	\$-0-	A	\$263.00		
11-12-01	20550	\$ 50.00	\$-0-	A	\$ 40.00		
Totals		\$550.00	\$-0-				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 21st day of November 2002.

Lesia Lenart
 Medical Dispute Resolution Officer
 Medical Review Division